

CHARITY COMPLAINT FORM

James D. "Buddy" Caldwell
Attorney General
Louisiana Department of Justice
Consumer Protection Section
P.O. Box 94005
Baton Rouge, LA 70804-9005
Phone: (800) 351-4889
Fax: (225) 326-6499

- ☐ Charity
- ☐ Commercial Co-Venture
- ☐ Foundation
- ☐ Charitable Trust
- ☐ Professional Fundraiser/Solicitor
- ☐ Charitable Gaming
- ☐ Unknown

* = REQUIRED

Please print or type. Your complaint must be legible.

Are you over the age of 60? ☐ Yes ☐ No Did you make a donation? ☐ Yes ☐ No

Did you respond to a solicitation made during a state of emergency? ☐ Yes ☐ No

*Date _____ *Full Name of Person Filing Complaint _____

*Address: _____ *Home Phone: _____

*City: _____ *Work Phone: _____

*State & Zip: _____ *Parish: _____

*Against whom are you filing this complaint: _____

*Address: _____ *Phone: _____

City, State & Zip: _____ Parish/County: _____

Name of Solicitor (if known): _____

How can the soliciting organization be reached (phone number and/or address)?

Date and means of initial contact. (website, newspaper ad, mail, telephone solicitation, referral, etc.) Who made the initial contact? _____

Other names associated with the person who solicited you for this donation, such as a professional solicitor, company, or other principals or associates, etc. Please include addresses and telephone numbers: _____

The following information relates to the actual donation you made. Please provide complete and factual data.

Did you make a donation () Yes () No

Name of Charity: _____

How much did you donate? _____

How did you make this donation?(E.g., cash, check, money order, wire transfer, pay pal.)? _____

The donation was made: ☐ by phone ☐ in person ☐ mail ☐ website

Were you told your donation would be tax deductible? () Yes () No

Did the solicitor or donation material represent what percentage of your donation would be used for the charitable purpose? () Yes _____% or \$_____ () No

Did they mention that they were paid solicitors? () Yes () No

How would you like your complaint to be resolved? Please be specific.

Describe any contacts you have had with the charity/professional fundraiser concerning your complaint. Please forward copies of any correspondence and other documents between you and the charity and/or fundraiser.

Have you contacted any other agency regarding your complaint? If so, please furnish the name of the agency, when filed, and status if known.

Have you contacted a private attorney about this matter? If so, please include the attorney's name, address, and telephone number.

If you are aware of anyone else who has made a similar donation or had a similar experience with this charity, please provide names and addresses.

Have you ever donated to this charity before? If so, please describe your past experiences.

AFTER REVIEWING YOUR COMPLAINT AND THE STEPS YOU HAVE TAKEN TO RESOLVE IT, YOU MAY BE REFERRED TO ANOTHER AGENCY, A PRIVATE ATTORNEY, SMALL CLAIMS COURT OR JUSTICE OF THE PEACE COURT, OR SOME OTHER METHOD OF RESOLVING YOUR COMPLAINT. A COPY OF THIS COMPLAINT MAY BE SENT TO THE BUSINESS COMPLAINED AGAINST.

This image shows a full page of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

PLEASE READ THE FOLLOWING CAREFULLY:

Initial

Initial

Initial

Initial

SIGNATURE OF PERSON FILING COMPLAINT